



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

William D. NORCOTT

Attorney Docket No.: 4191110229

Application No.:

09/863,419

Examiner:

SAEED, Usmaan

Filed:

May 24, 2001

Group Art Unit: 2166

Title: ASYNCHRONOUS CHANGE CAPTURE  
FOR DATA WAREHOUSING

**REQUEST FOR CHANGE IN ATTORNEY DOCKET NUMBER**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Please change the attorney docket number from 50277-1005 to 4191110229 as indicated in the caption above.

No fee is believed to be due at this time. Should any fee be required, however, please charge such fee to Bingham McCutchen LLP Deposit Account No. 50-4047, Order No. 4191110229,

Respectfully submitted,  
BINGHAM McCUTCHEN LLP

Dated: February 12, 2008

By: Chadwick A. Jackson

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FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

**4**

Application Number	09/863,419
Filing Date	May 24, 2001
First Named Inventor	NORCOTT, William D.
Art Unit	2166
Examiner Name	SAEED, Usmaan
Attorney Docket Number	4191110229

**ENCLOSURES (Check all that apply)**

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1. Request For Change In Attorney Docket Number.
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Remarks

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	Bingham McCutchen LLP		
Signature			
Printed name	Chadwick A. Jackson		
Date	February 12, 2008	Reg. No.	46,495

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I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

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